

| Fill in | this inforn | nation to identify you | r case: | | | |
|----------|---|--|--|------------------------------------|--|------------------------------------|
| Debto | or 1 | Linda Kay Goss | | | | |
| Debto | or 2 | First Name | Middle Name | Last Name | | |
| | e if, filing) | First Name | Middle Name | Last Name | | |
| United | d States Ba | nkruptcy Court for the: | NORTHERN DISTRICT C | OF GEORGIA - ATLANTA DI | VISION | |
| Case | number | 16-68587 | | | | |
| (if know | rn) | | | | _ | Check if this is an mended filing |
| | | | | | | |
| Offi | <u>cial Fo</u> | <u>rm 107</u> | | | | |
| Stat | ement | of Financial | Affairs for Individ | duals Filing for B | ankruptcy | 4/16 |
| inform | nation. If mer (if known | ore space is needed, n). Answer every que | attach a separate sheet to | this form. On the top of any | equally responsible for sup additional pages, write you | |
| 1. V | /hat is you | r current marital statu | us? | | | |
| | MarriedNot mar | ried | | | | |
| | | | lived envelope other than | where you live new? | | |
| 2. D | uring the i | ast 3 years, nave you | lived anywhere other than to | where you live now? | | |
| | No Yes. Lis | t all of the places you l | ived in the last 3 years. Do no | ot include where you live now | | |
| I | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | ity property state or territory co, Texas, Washington and W | |
| | No | | | | | |
| | _ | ake sure you fill out Sch | nedule H: Your Codebtors (Of | ficial Form 106H). | | |
| Part 2 | Explai | n the Sources of You | r Income | | | |
| F | ill in the tota | al amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? |
| |] No | | | | | |
| | Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income | Gross income | Sources of income | Gross income |
| | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$37,000.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

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Debtor 1 Linda Kay Goss

| | | | | Debtor 1 | | Debtor 2 | | |
|----|--------------------------------|---------------------------------|--|--|---|--|------------------------------|---|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inc | | Gross income (before deductions and exclusions) |
| | r last caler anuary 1 to | ndar year: December : | 31, 2015) | ■ Wages, commissions, bonuses, tips | \$44,196.00 | | nmissions, | |
| | | | | ☐ Operating a business | | ☐ Operating a | business | |
| | | dar year bet December 3 | | ■ Wages, commissions, bonuses, tips | \$44,196.00 | D | nmissions, | |
| | | | | ☐ Operating a business | | ☐ Operating a | business | |
| | and other winnings. List each | public benef If you are fili | it payments; ng a joint cas he gross inco | er that income is taxable. Exa pensions; rental income; inter e and you have income that y me from each source separa | rest; dividends; money coll you received together, list i | ected from lawsuits t only once under D | ; royalties; and ebtor 1. | |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| Pa | rt 3: Lis | t Certain Pa | yments You | Made Before You Filed for | Bankruptcy | | | |
| 6. | Are eithe ☐ No. | Neither Deindividual puring the | ebtor 1 nor D orimarily for a 90 days befo Go to line 7 | | umer debts. Consumer de d purpose." d you pay any creditor a to | otal of \$6,425* or mo | ore? | |
| | | ☐ Yes | paid that cre not include | ach creditor to whom you pai editor. Do not include paymer payments to an attorney for the on 4/01/19 and every 3 years | nts for domestic support ob his bankruptcy case. | ligations, such as c | hild support a | nd alimony. Also, do |
| | ■ Yes. | | | r both have primarily consure you filed for bankruptcy, di | | otal of \$600 or more | ? | |
| | | ■ No. | Go to line 7 | | | | | |
| | | □ Yes | include pay | ach creditor to whom you pai ments for domestic support of this bankruptcy case. | | | | |
| | Creditor | 's Name and | l Address | Dates of payme | nt Total amount | Amount you | Was this p | payment for |

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Debtor 1 Linda Kay Goss

| 7. | Within 1 year before you filed for bankruptc Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 11 alimony. | rtners; relatives of any gen- control, or owner of 20% o | eral partners; partner r more of their voting | erships of which yo g securities; and ar | u are a genera ny managing a | al partner; corporations gent, including one for |
|-----|---|---|--|---|---------------------------------|---|
| | ■ No | | | | | |
| | ☐ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 3. | Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cosi | | ments or transfer a | any property on a | ccount of a de | ebt that benefited an |
| | _ | | | | | |
| | No No | | | | | |
| | ☐ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment itor's name |
| Pai | rt 4: Identify Legal Actions, Repossession | s, and Foreclosures | | | | |
|). | Within 1 year before you filed for bankrupto List all such matters, including personal injury of modifications, and contract disputes. No Yes, Fill in the details. | | | | | |
| | Case title | Noture of the case | Court or aganay | | Status of th | 0.0000 |
| | Case number | Nature of the case | Court or agency | | Status of th | e case |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. | | rty repossessed, f | oreclosed, garnis | hed, attached | l, seized, or levied? |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the |
| | Ground, Hame and Adams | Explain what happened | I | Duito | | property |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment beca ■ No □ Yes. Fill in the details. | tcy, did any creditor, incl | | nancial institution | , set off any a | mounts from your |
| | Creditor Name and Address | Describe the action the | creditor took | Date taken | action was | Amount |
| | Within 1 year before you filed for bankruptc court-appointed receiver, a custodian, or ar No Yes **List Certain Gifts and Contributions** | | erty in the possess | | | fit of creditors, a |
| | Within 2 years before you filed for bankrupt | cv. did you give any gifts | s with a total value | of more than \$60 | 0 per person? | ······································ |
| ٠. | No | ,, ala jou gito ally gills | a total value | 5575 triair \$00 | - po. po.3011: | |
| | Yes. Fill in the details for each gift. | | | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | Dates the g | s you gave ifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | | |

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| 14. | Within 2 years before you filed for bankro No Yes. Fill in the details for each gift or co | , | did you give any gifts or contributions with a tota | al value of more than | \$600 to any charity? |
|-----|---|----------|--|-----------------------------------|---------------------------|
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code | otal | Describe what you contributed | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | | |
| 15. | Within 1 year before you filed for bankrup or gambling? | ptcy o | r since you filed for bankruptcy, did you lose any | thing because of thef | t, fire, other disaster, |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Describe the property you lost and how the loss occurred | Includ | ribe any insurance coverage for the loss e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| Par | t 7: List Certain Payments or Transfers | 3 | | | |
| 16. | consulted about seeking bankruptcy or p | orepari | lid you or anyone else acting on your behalf pay or ing a bankruptcy petition? rs, or credit counseling agencies for services require | | rty to anyone you |
| | □ No■ Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y | ou ' | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | Clark & Washington, LLC 3300 Northeast Expressway Building 3 Atlanta, GA 30341 | | Chapter 13 Filing Fee | 10/2016 | \$310.00 |
| | King & King 215 Pryor street Atlanta, GA 30303 | | Partial Chapter 13 Filing Fee | 07/2016 | \$75.00 |
| | CIN Legal Data Services Box 88229 Milwaukee, WI 53288 | | Various Pre-bankruptcy Services | 10/2016 | \$68.00 |
| 17. | Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that | litors o | | or transfer any prope | rty to anyone who |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |

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Debtor 1 Linda Kay Goss

| 8. | tran Inclu | nin 2 years before you filed for bankrupt sferred in the ordinary course of your b ude both outright transfers and transfers ma ude gifts and transfers that you have alread No | usiness or financial affa ade as security (such as t | airs? the granting of a | | • • • | |
|----------|-------------------|--|---|----------------------------|---------------|---|---|
| | | Yes. Fill in the details. | | | | | |
| | | son Who Received Transfer dress | Description and v property transfer | | paymo | ibe any property or ents received or debts n exchange | Date transfer was made |
| | Per | son's relationship to you | | | | · · | |
| 19. | | nin 10 years before you filed for bankrup eficiary? (These are often called asset-pro | | y property to a | a self-settle | d trust or similar device | of which you are a |
| | | No Yes. Fill in the details. | | | | | |
| | _ | me of trust | Description and v | alue of the pro | perty trans | ferred | Date Transfer was |
| | | | | | | | made |
| Par | t 8: | List of Certain Financial Accounts, In | struments, Safe Deposit | Boxes, and S | torage Unit | s | |
| 20. | sold | nin 1 year before you filed for bankrupto | • | | | | |
| | | ude checking, savings, money market, o ses, pension funds, cooperatives, asso No | | | | t; snares in banks, credi | t unions, brokerage |
| | | Yes. Fill in the details. | | | | | |
| | | me of Financial Institution and dress (Number, Street, City, State and ZIP e) | Last 4 digits of account number | Type of acco | ount or | Date account was closed, sold, moved, or transferred | Last balance before closing o transfe |
| 21. | | you now have, or did you have within 1 you, or other valuables? | year before you filed for | bankruptcy, a | ny safe der | oosit box or other depos | itory for securities, |
| | | No | | | | | |
| | $\overline{\Box}$ | Yes. Fill in the details. | | | | | |
| | Nar | me of Financial Institution | Who else had acc | | Describe | the contents | Do you still |
| | Add | dress (Number, Street, City, State and ZIP Code) | Address (Number, S State and ZIP Code) | treet, City, | | | have it? |
| 22. | Hav | e you stored property in a storage unit o | or place other than your | home within 1 | l year befor | e you filed for bankrupt | cy? |
| | | No Yes. Fill in the details. | | | | | |
| | Nar | me of Storage Facility | Who else has or h | nad access | Describe | the contents | Do you still |
| | | dress (Number, Street, City, State and ZIP Code) | to it? Address (Number, S State and ZIP Code) | | Describe | and domestic | have it? |
| Par | t 9: | Identify Property You Hold or Control | for Someone Else | | | | |
| | Doy | you hold or control any property that so someone. | | ude any prope | rty you borı | rowed from, are storing | for, or hold in trust |
| | _ | No Year Fill in the details | | | | | |
| | _ | Yes. Fill in the details. | | | | | |
| | | rner's Name dress (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | Valu |
| Par | t 10: | Give Details About Environmental Info | ormation | | | | |
| - | 41 | and the fellowing the fellowin | | | | | |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1 Linda Kay Goss

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| | haz | ardous material, pollutant, contaminant, | or similar term. | | ,, | , |
|-----|-------|---|--|-------|--|--------------------|
| Rep | ort a | II notices, releases, and proceedings tha | at you know about, regardless of wher | the | y occurred. | |
| 24. | Has | any governmental unit notified you that | you may be liable or potentially liable | und | ler or in violation of an environme | ntal law? |
| | | No | | | | |
| | | Yes. Fill in the details. | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice |
| 25. | Hav | re you notified any governmental unit of | any release of hazardous material? | | | |
| | | No Yes. Fill in the details. | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | i | Environmental law, if you know it | Date of notice |
| 26. | Hav | re you been a party in any judicial or adn | ninistrative proceeding under any envi | ronn | nental law? Include settlements a | nd orders. |
| | | No Yes. Fill in the details. | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nat | ture of the case | Status of the case |
| Par | t 11: | Give Details About Your Business or | Connections to Any Business | | | |
| 27. | Wit | — hin 4 years before you filed for bankrupt | cy, did you own a business or have an | v of | the following connections to any | husiness? |
| | | ☐ A sole proprietor or self-employed in | | • | • | |
| | | ☐ A member of a limited liability comp | any (LLC) or limited liability partnersh | ip (L | LP) | |
| | | ☐ A partner in a partnership | | | | |
| | | ☐ An officer, director, or managing exc | ecutive of a corporation | | | |
| | | ☐ An owner of at least 5% of the voting | g or equity securities of a corporation | | | |
| | | No. None of the above applies. Go to F | art 12. | | | |
| | | Yes. Check all that apply above and fill | in the details below for each business | i. | | |
| | | siness Name dress | Describe the nature of the business | | Employer Identification number Do not include Social Security r | |
| | | mber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | | Dates business existed | iumber of friit. |
| 28. | | hin 2 years before you filed for bankrupt itutions, creditors, or other parties. | cy, did you give a financial statement t | o an | | de all financial |
| | _ | Ma | | | | |
| | | No Yes. Fill in the details below. | | | | |
| | Ad | me dress mber, Street, City, State and ZIP Code) | Date Issued | | | |
| | | - | | | | |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6 Case 16-68587-crm Doc 8 Filed 10/20/16 Entered 10/20/16 12:31:48 Desc Main Document Page 7 of 51

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Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)? ■ No

□ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| | | | | Who ■ □ | has an interest in the property? Check one Debtor 1 only Debtor 2 only | a life estat | e), if known. hip | |
|--|--|---------------------------------|---|-------------------------|---|--------------|---|---|
| City | Sta | ate | ZIP Code | | Investment property Timeshare Other | Describe t | 32,500.00 he nature of your simple, tena | \$32,500.0 our ownership interest ancy by the entireties, o |
| _ | et address, if available, or othe | | 0034-0000 | | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land | | Who Have Clain | claims on Schedule D: s Secured by Property. Current value of the portion you own? |
| | 56 Soapstone Cour | | | What | is the property? Check all that apply Single-family home | Do not ded | uct secured cla | ims or exemptions. Put |
| □ No. 0 | own or have any legal of Go to Part 2. Where is the property? | or equita | uble interest in a | ny resid | ence, building, land, or similar property? | | | |
| n each cat hink it fits nformation Answer eve | s best. Be as complete a n. If more space is need very question. | nd desc and acci ed, atta | ribe items. List a urate as possible ch a separate sh | e. If two leet to th | only once. If an asset fits in more than one married people are filing together, both are en is form. On the top of any additional pages, | equally resp | onsible for su | pplying correct |
| - | al Form 106A | | | | | | ' | C . |
| Case nur | mber <u>16-68587</u> | | | | | | | ☐ Check if this is a amended filing |
| United St | tates Bankruptcy Cour | t for the | : NORTHERI | N DISTI | RICT OF GEORGIA - ATLANTA DIVISION | ١ | | |
| Debtor 2 (Spouse, if fi | filing) First Name | | Middle | Name | Last Name | | | |
| | Linda Ka First Name | y Gos | S Middle | Name | Last Name | | | |
| Debtor 1 | | tify yo | ur case and th | is filing | : | | | |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Case 16-68587-crm Doc 8 Page 9 of 51 Document Case number (if known) 16-68587 Debtor 1 Linda Kay Goss 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Chevy Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Captiva Sport** ■ Debtor 1 only Creditors Who Have Claims Secured by Property. Model: 2014 Year: Debtor 2 only Current value of the Current value of the entire property? Approximate mileage: Debtor 1 and Debtor 2 only portion you own? Other information: At least one of the debtors and another \$20,450.00 \$20,450.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$20,450,00 pages you have attached for Part 2. Write that number here...... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No ■ Yes. Describe..... 3BD, IR, DR, W/D, All kitchen appliances \$4,000.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... 3Tvs, 1 laptop, \$1,000.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

■ No

☐ Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

Nο

Entered 10/20/16 12:31:48 Case 16-68587-crm Doc 8 Filed 10/20/16 **Desc Main** Document Page 10 of 51 Debtor 1 Case number (if known) 16-68587 Linda Kay Goss ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No ■ Yes. Describe..... \$500.00 Clothing 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ■ Yes. Describe..... Costume Jewelry \$50.00 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No $\hfill \square$ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$5,550.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Cash \$25.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... **Bank of America** \$10.00 Checking \$25.00 Savings Bank of America 17.2. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No ☐ Yes..... Institution or issuer name:

Official Form 106A/B Schedule A/B: Property page 3

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Case number (if known) 16-68587 Debtor 1 **Linda Kay Goss** 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☐ Yes. Give specific information.....

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30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

| 00. | Examples: Unpaid wages, disability insurance payments, disability benefit benefits; unpaid loans you made to someone else | ts, sick pay, vacation pay, workers' compe | nsation, Social Security |
|-----|---|--|----------------------------|
| | ■ No | | |
| | ☐ Yes. Give specific information | | |
| | <pre>Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HS□ No</pre> | 6A); credit, homeowner's, or renter's insurar | nce |
| | Yes. Name the insurance company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: |
| | Whole Life Policy (No cash Value ye | t) | \$0.00 |
| | Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insu someone has died. No | rance policy, or are currently entitled to rec | eive property because |
| | ☐ Yes. Give specific information | | |
| | Claims against third parties, whether or not you have filed a lawsuit of Examples: Accidents, employment disputes, insurance claims, or rights to No ☐ Yes. Describe each claim | | |
| | Other contingent and unliquidated claims of every nature, including on the No Yes. Describe each claim | counterclaims of the debtor and rights to | o set off claims |
| | Any financial assets you did not already list ■ No | | |
| | ☐ Yes. Give specific information | | |
| 36 | Add the dollar value of all of your entries from Part 4, including any for Part 4. Write that number here | | \$60.00 |
| Pai | t 5: Describe Any Business-Related Property You Own or Have an Interest In. | List any real estate in Part 1. | |
| 37. | Do you own or have any legal or equitable interest in any business-related prop | perty? | |
| | No. Go to Part 6. | | |
| | Yes. Go to line 38. | | |
| Pai | Describe Any Farm- and Commercial Fishing-Related Property You Own of If you own or have an interest in farmland, list it in Part 1. | or Have an Interest In. | |
| 46. | Do you own or have any legal or equitable interest in any farm- or con No. Go to Part 7. | mmercial fishing-related property? | |
| | ☐ Yes. Go to line 47. | | |
| Pai | T7: Describe All Property You Own or Have an Interest in That You Did N | ot List Above | |
| | Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership | | |
| | ■ No □ Yes. Give specific information | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write that nun | nber here | \$0.00 |

Official Form 106A/B Schedule A/B: Property page 5

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Case number (if known) 16-68587 Debtor 1 **Linda Kay Goss** List the Totals of Each Part of this Form Part 8: Part 1: Total real estate, line 2 \$32,500.00 55. Part 2: Total vehicles, line 5 56. \$20,450.00 Part 3: Total personal and household items, line 15 \$5,550.00 57. 58. Part 4: Total financial assets, line 36 \$60.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00

\$26,060.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

Total personal property. Add lines 56 through 61...

62.

\$58,560.00

\$26,060.00

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 6 Case 16-68587-crm Doc 8 Filed 10/20/16 Entered 10/20/16 12:31:48 Desc Main Document Page 14 of 51

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|-------------------|---------------------------|--------------------------------------|
| Debtor 1 | Linda Kay Goss | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA - ATLANTA DIVI | SION |
| Case number | 16-68587 | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemptions a | re you claiming | ? Check one only | , even if you | r spouse is filing | g with y | you. |
|----|---------------------------|-----------------|------------------|---------------|--------------------|----------|------|
|----|---------------------------|-----------------|------------------|---------------|--------------------|----------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | | | Specific laws that allow exemptio | |
|--|--------------------------------------|-----|---|-----------------------------------|--|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| 1756 Soapstone Court Decatur, GA 30034 DeKalb County | \$32,500.00 | | \$16,500.00 | O.C.G.A. § 44-13-100(a)(1) | |
| Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 2014 Chevy Captiva Sport Line from Schedule A/B: 3.1 | \$20,450.00 | | \$5,000.00 | O.C.G.A. § 44-13-100(a)(3) | |
| Line from Schedule AVD. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 3BD, IR, DR, W/D, All kitchen appliances | \$4,000.00 | | \$4,000.00 | O.C.G.A. § 44-13-100(a)(4) | |
| Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 3Tvs, 1 laptop, Line from Schedule A/B: 7.1 | \$1,000.00 | | \$1,000.00 | O.C.G.A. § 44-13-100(a)(4) | |
| Life from Schedule AVD. 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Clothing Line from Schedule A/B: 11.1 | \$500.00 | | \$500.00 | O.C.G.A. § 44-13-100(a)(6) | |
| Line from Schedule PVD. 1111 | | | 100% of fair market value, up to any applicable statutory limit | | |

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| De | Linda Kay Goss | | | Case number (if known) | 16-68587 | |
|----|--|---|--------|---|------------------------------------|--|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | |
| | | Copy the value from Check only one box for each exemption. Schedule A/B | | | | |
| | Costume Jewelry Line from Schedule A/B: 12.1 | \$50.00 | | \$50.00 | O.C.G.A. § 44-13-100(a)(5) | |
| | Line nom schedule AVD. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Cash Line from Schedule A/B: 16.1 | \$25.00 | | \$25.00 | O.C.G.A. § 44-13-100(a)(6) | |
| | Line Holli Schedule AVD. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Checking: Bank of America Line from Schedule A/B: 17.1 | \$10.00 | | \$10.00 | O.C.G.A. § 44-13-100(a)(6) | |
| | Line non Schedule AVD. 17.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Savings: Bank of America Line from Schedule A/B: 17.2 | \$25.00 | | \$25.00 | O.C.G.A. § 44-13-100(a)(6) | |
| | Line IIIIII Schedule A/B. 17.2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every 3 | | | ed on or after the date of adjustmen | ıt.) | |
| | Yes. Did you acquire the property covere | ed by the exemption wi | thin 1 | 215 days before you filed this case? | ? | |
| | □ No | | | | | |
| | Π ۷οο | | | | | |

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| | Document | Page 16 | of 51 | | |
|---|--|------------------|---|--|-------------------|
| Fill in this information to identify you | ur case: | | | | |
| Debtor 1 Linda Kay Goss | | | | | |
| First Name | Middle Name | Last Name | | - | |
| Debtor 2 | | | | | |
| (Spouse if, filing) First Name | Middle Name | Last Name | | | |
| He's at Otataa Baataa at Oasaa faa th | NODTHERN DISTRICT OF CE | | NTA DIVICIONI | | |
| United States Bankruptcy Court for the | : NORTHERN DISTRICT OF GEO | JRGIA - ATLA | ANTA DIVISION | - | |
| Case number 16-68587 | | | | | |
| (if known) | | | | ☐ Check | if this is an |
| | | | | | led filing |
| | | - | | | .oug |
| Official Form 106D | | | | | |
| | Mha Haya Claima G | ام میں بم ما | hy Dranaut | | 4045 |
| Schedule D: Creditors | s who have claims s | securea | by Propert | <u>y </u> | 12/15 |
| Be as complete and accurate as possible. is needed, copy the Additional Page, fill it | | | | | |
| number (if known). | out, number the onthies, and attach it to | | the top of any addition | nai pagoo, mino your na | mo una oaco |
| 1. Do any creditors have claims secured b | y your property? | | | | |
| | his form to the court with your other s | schedules Yo | u have nothing else t | to report on this form | |
| _ | • | 7011000100. TU | a navo notiling olse i | o roport on tino form. | |
| Yes. Fill in all of the information | below. | | | | |
| Part 1: List All Secured Claims | | | | | |
| 2. List all secured claims. If a creditor has | more than one secured claim. list the cred | itor separately | Column A | Column B | Column C |
| for each claim. If more than one creditor has | s a particular claim, list the other creditors | in Part 2. As ´ | Amount of claim | Value of collateral | Unsecured |
| much as possible, list the claims in alphabeti | ical order according to the creditor's name | - | Do not deduct the value of collateral. | that supports this claim | portion If any |
| 2.1 Ally Financial | Describe the property that secures the | ne claim: | \$20,972.00 | \$20,450.00 | \$522.00 |
| Creditor's Name | 2014 Chevy Captiva Sport | | \ | <u> </u> | |
| | 2014 Onevy Captiva Oport | | | | |
| | | | | | |
| Po Box 380901 | As of the date you file, the claim is: C apply. | check all that | | | |
| Bloomington, MN 55438 | ☐ Contingent | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| | ☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | ☐ An agreement you made (such as m | ortgage or secu | ired | | |
| Debtor 2 only | car loan) | 0 0 | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mech | hanic's lien) | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | names herry | | | |
| ☐ Check if this claim relates to a | • | Title I ien | | | |
| community debt | Other (including a right to offset) | 11110 21011 | | | |
| • | | | | | |
| Date debt was incurred | Last 4 digits of account numb | er | | | |
| | | | | | |
| 2.2 Bayview Financial Loan | Describe the property that secures the | ne claim: | \$97,000.00 | \$32,500.00 | \$64,500.00 |
| Creditor's Name | 1756 Soapstone Court Decat | ur, GA | | | |
| Attn: Customer Service | 30034 DeKalb County | | | | |
| Dept 4425 Ponce De Leon | As of the date you file, the claim is: 0 | heck all that | | | |
| Blvd, 5th Floor | apply. | | | | |
| Miami, FL 33146 | ☐ Contingent | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| | ☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | ☐ An agreement you made (such as m | nortgage or secu | ıred | | |
| Debtor 2 only | car loan) | J. J. 2. 0000 | • | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mech | hanie's lian) | | | |
| At least one of the debtors and another | ☐ Statutory lien (such as tax lien, mech ☐ Judgment lien from a lawsuit | ianics ilen) | | | |
| ☐ At least one of the debtors and another☐ Check if this claim relates to a | | First Mortga | ana | | |
| Community debt | Other (including a right to offset) | i ii si wioi iga | ıye | | |

Date debt was incurred

Last 4 digits of account number

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| Debtor 1 Linda Kay Goss | | | Case number (if know) | 16-68587 | |
|---|---|----------------|-----------------------|-------------|------------|
| First Name Middle N | Name Last Name | _ | | | |
| 2.3 Bayview Financial Loan | Describe the property that secures | the claim: | \$6,500.00 | \$32,500.00 | \$6,500.00 |
| Creditor's Name Attn: Customer Service Dept | 1756 Soapstone Court Deca 30034 DeKalb County | atur, GA | | | |
| 4425 Ponce De Leon Blvd, 5th Floor | As of the date you file, the claim is: apply. Contingent | Check all that | | | |
| Miami, FL 33146 Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only □ Debtor 2 only | An agreement you made (such as car loan) | mortgage or se | ecured | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, me | chanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | onamo o mom | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | Third Mor | tgage | | |
| Date debt was incurred | Last 4 digits of account num | ber | | | |
| 2.4 Springleaf Financial Services | Describe the property that secures | the claim: | \$2,800.00 | \$32,500.00 | \$2,800.00 |
| Creditor's Name | 1756 Soapstone Court Deca 30034 DeKalb County | atur, GA | | | |
| Po Box 969 Evansville, IN 47706 | As of the date you file, the claim is: apply. Contingent | Check all that | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only □ Debtor 2 only | ☐ An agreement you made (such as car loan) | mortgage or se | ecured | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, me | chanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | Second N | lortgage | | |
| Date debt was incurred | Last 4 digits of account num | ber | | | |
| | | | | | |
| Add the dollar value of your entries in 0 | | | \$127,272 | .00 | |
| If this is the last page of your form, add Write that number here: | I the dollar value totals from all pages | • | \$127,272 | .00 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | | Document | Page 18 of ! | 51 | | |
|-------------------------|--|---|---|-------------------------|-----------------------|--------------------|
| Fill in t | his information to identify your case | e: | | | | |
| Debtor | 1 Linda Kay Goss | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor | | Middle Name | Last Name | | | |
| (Spouse if | f, filing) First Name | Middle Name | Last Name | | | |
| United : | States Bankruptcy Court for the: N | ORTHERN DISTRICT OF GE | EORGIA - ATLANTA | DIVISION | | |
| Case n | umber 16-68587 | | | | | |
| (if known) | | | | | ☐ Check | if this is an |
| | | | | | amend | ed filing |
| Oπ: -:- | al Farra 400F/F | | | | | |
| | al Form 106E/F | . Have Hassavad | Olaima | | | 40/45 |
| | dule E/F: Creditors Who | | | | | 12/15 |
| Schedule left. Attac | e G: Executory Contracts and Unexpired e D: Creditors Who Have Claims Secured ch the Continuation Page to this page. If d case number (if known). | I by Property. If more space is | needed, copy the Part | you need, fill it out, | number the entries in | n the boxes on the |
| Part 1: | List All of Your PRIORITY Unsec | ured Claims | | | | |
| 1. Do a | any creditors have priority unsecured cla | aims against you? | | | | |
| | No. Go to Part 2. | | | | | |
| | Yes. | | | | | |
| iden poss | all of your priority unsecured claims. If a titify what type of claim it is. If a claim has bosible, list the claims in alphabetical order act. 1. If more than one creditor holds a particu | oth priority and nonpriority amoun cording to the creditor's name. If | ts, list that claim here a you have more than tw | nd show both priority a | nd nonpriority amount | ts. As much as |
| | r an explanation of each type of claim, see the | | | | | |
| , | , | | , | Total claim | Priority amount | Nonpriority amount |
| 2.1 | Georgia Department of Revenu | e Last 4 digits of accou | nt number | \$2,000.00 | \$2,000.00 | \$0.00 |
| | Priority Creditor's Name | <u></u> | | | ΨΞ,000.00 | 40.00 |
| | Accounts Receivable Collectio | n When was the debt in | curred? | | - | |
| | Section 1800 Century Blvd. NE | | | | | |
| | Suite 9100 | | | | | |
| | Atlanta, GA 30345 | | | | | |
| | Number Street City State Zlp Code | As of the date you file | , the claim is: Check a | III that apply | | |
| WI | ho incurred the debt? Check one. | ☐ Contingent | | | | |
| | Debtor 1 only | ☐ Unliquidated | | | | |
| | Debtor 2 only | ☐ Disputed | | | | |
| | Debtor 1 and Debtor 2 only | Type of PRIORITY uns | secured claim: | | | |
| | At least one of the debtors and another | ☐ Domestic support of | bligations | | | |
| п | Check if this claim is for a community | deht Taxes and certain o | ther debts you owe the | government | | |

 $\hfill\square$ Claims for death or personal injury while you were intoxicated

Other. Specify

Is the claim subject to offset?

■ No

☐ Yes

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| Debt | or 1 Linda Kay Goss | | Case number (if know) | 16-68587 | |
|---------|--|--|-------------------------------------|----------------------------------|---------|
| 2.2 | IRS | Last 4 digits of account number | \$8,000.00 | \$8,000.00 | \$0.00 |
| | Priority Creditor's Name 401 W. Peachtree St., NW | When was the debt incurred? | | - | - |
| | Stop #334-D Room 400 | | | | |
| | Atlanta, GA 30308 | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: | Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | |
| | ■ Debtor 1 only | ☐ Unliquidated | | | |
| | Debtor 2 only | ☐ Disputed | | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | |
| | ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | |
| | ☐ Check if this claim is for a community debt | ■ Taxes and certain other debts you | owe the government | | |
| | Is the claim subject to offset? | ☐ Claims for death or personal injury | while you were intoxicated | | |
| | ■ No | ☐ Other. Specify | | | |
| | ☐ Yes | | | | |
| Part | 2: List All of Your NONPRIORITY Unsecu | red Claims | | | |
| | Oo any creditors have nonpriority unsecured claim | | | | |
| _ | ☐ No. You have nothing to report in this part. Submit | - | adula a | | |
| _ | — No. You have nothing to report in this part. Submit | this form to the court with your other sche | edules. | | |
| • | Yes. | | | | |
| u th | ist all of your nonpriority unsecured claims in the insecured claim, list the creditor separately for each chan one creditor holds a particular claim, list the other art 2. | laim. For each claim listed, identify what t | ype of claim it is. Do not list cla | aims already included in Part 1. | If more |
| | all 2. | | | Total claim | |
| 4.1 | Central Financial Control | Last 4 digits of account number | 0834 | | \$0.00 |
| | Nonpriority Creditor's Name | | 0004 | | Ψ0.00 |
| | Po Box 66044 | When was the debt incurred? | Opened 04/11 | | |
| | Anaheim, CA 92816 Number Street City State Zlp Code | As of the date you file, the claim i | s. Check all that apply | | |
| | Who incurred the debt? Check one. | As of the date you me, the dam's | 3. Officer all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | Obligations arising out of a sepa | ration agreement or divorce th | at you did not | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | No | Debts to pension or profit-sharing | | | |
| | Yes | Other. Specify Collection | Attorney Atlanta Med (| Ctr | |

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Debtor 1 Linda Kay Goss

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Case number (if know) 16-68587

| Revenue Recovery Corp | Last 4 digits of account number | 9140 | \$713.00 |
|--|--|--|----------|
| Nonpriority Creditor's Name | _ | Opened 02/12 Last Active | |
| 7005 Middlebrook Pike Knoxville, TN 37909 | When was the debt incurred? | 12/10 | |
| Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Medical De Department | bt Altanta Emergency t | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | - | Total Claim |
|-----------------------|-----|---|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 10,000.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 10,000.00 |
| | 01 | Or to other co | 01 | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ | 0.00 |
| claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 713.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 713.00 |

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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| Fill in this inform | mation to identify your | case: | | | |
|---------------------|--------------------------|------------------|---------------------------|--------|------------------------------------|
| Debtor 1 | Linda Kay Goss | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | inkruptcy Court for the: | NORTHERN DISTRIC | Γ OF GEORGIA - ATLANTA DI | VISION | |
| Case number | 16-68587 | | | | |
| (if known) | 10 00001 | | | | Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 Easy Rental 4811 Jonesboro Road Forest Park, GA 30297 Case 16-68587-crm Doc 8 Filed 10/20/16 Entered 10/20/16 12:31:48 Desc Main

| | | Docume | ent Page 22 o | <u>f 51</u> | |
|------------------|--|-------------------------------|---------------------------|--|-------------------------------|
| Fill in this | information to identify your | case: | | | |
| Debtor 1 | Linda Kay Goss | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, fili | ing) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA - ATLAN | TA DIVISION | |
| Case num | ber 16-68587 | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Officia | L Form 106L | | | | |
| | I Form 106H | • | | | |
| Sched | dule H: Your Cod | ebtors | | | 12/15 |
| | e and case number (if known) you have any codebtors? (If | | | as a codebtor. | |
| ■ No | | | | | |
| ■ No | | | | | |
| L res | 5 | | | | |
| | hin the last 8 years, have you | | | | s and territories include |
| Arizor | na, California, Idaho, Louisiana, | Nevada, New Mexico, Pu | ierto Rico, Texas, Washii | ngton, and Wisconsin.) | |
| ■ No. | . Go to line 3. | | | | |
| | s. Did your spouse, former spou | use, or legal equivalent live | e with you at the time? | | |
| | | | • | | |
| in line Form | lumn 1, list all of your codebt e 2 again as a codebtor only i 106D), Schedule E/F (Official olumn 2. | f that person is a guaran | tor or cosigner. Make s | sure you have listed the cred | ditor on Schedule D (Official |
| | Column 1: Your codebtor | | | | to whom you owe the debt |
| | Name, Number, Street, City, State and ZI | P Code | | Check all schedules that | apply: |
| 3.1 | | | | ☐ Schedule D. line | |
| <u> </u> | Name | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| - | Number Street | | | _ | |
| | City | State | ZIP Code | | |
| | | | | | |
| 3.2 | | | | □ Cohodula D. lina | |
| 3.2 | Name | | | _ □ Schedule D, line □ Schedule E/F, line | |
| | | | | Schedule G, line | |
| - | Niverbox | | | | |
| | Number Street City | State | ZIP Code | | |

Schedule H: Your Codebtors

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| Debtor 1 Linda Kay Goss Debtor 2 (Spouse, if filling) United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION Case number (If known) Check if this is: An amended filing A supplement showing postpetition chat 13 income as of the following date: | oter |
|--|-----------|
| Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION Case number (If known) An amended filing A supplement showing postpetition cha | oter |
| Case number 16-68587 Check if this is: | oter |
| (If known) An amended filing A supplement showing postpetition cha | oter |
| ☐ An amended filling ☐ A supplement showing postpetition cha | oter |
| | pter |
| 0/// 1 5 | |
| Official Form 106I | |
| Schedule I: Your Income | 12/15 |
| Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about you spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is need attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every que | r led, |
| 1. Fill in your employment information. Debtor 1 Debtor 2 or non-filing spouse | |
| If you have more than one job, attach a separate page with Employment status | |
| attach a separate page with information about additional employers. | |
| Occupation Self Employed- Nanny | |
| Include part-time, seasonal, or self-employed work. Employer's name | |
| Occupation may include student or homemaker, if it applies. | |
| How long employed there? Since 04/2014 | _ |
| Part 2: Give Details About Monthly Income | |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filir spouse unless you are separated. | ıg |
| If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form. | need |
| For Debtor 1 For Debtor 2 or non-filing spouse | |
| List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ | |
| 3. Estimate and list monthly overtime pay. 3. +\$ | |
| 4. Calculate gross Income. Add line 2 + line 3. 4. \$ \$ \$ \$ \\ \ \ \ \ | |

Official Form 106I Schedule I: Your Income page 1

| Debt | tor 1 | Linda Kay Goss | _ | Case number | er (if known) | 16-68587 | | |
|---------|-------------------|--|-------------------|----------------------------------|--|---|---------------------------------|------------------|
| | | | | For Debte | or 1 | For Debte | | |
| | Cop | y line 4 here | 4. | \$ | 0.00 | \$ | N/A | _ |
| 5. | List | all payroll deductions: | | | | | | |
| | 5a. 5b. 5c. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans | 5a. 5b. 5c. | \$ \$ | 0.00 0.00 0.00 | \$ \$ | N/A N/A N/A | _ |
| | 5d. 5e. 5f. | Required repayments of retirement fund loans Insurance Domestic support obligations | 5d. 5e. 5f. | \$ \$ \$ | 0.00 0.00 0.00 | \$ \$ \$ | N/A N/A N/A | - |
| | 5g. 5h. | Union dues Other deductions. Specify: | 5g. 5h.+ | - | 0.00 | \$ + \$ | N/A N/A | - - - |
| 6. - | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 0.00 | \$ | N/A | - |
| 7. 8. | | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: Nanny Job (\$850 weekly) | 8c. 8d. 8e. | \$ \$ \$ \$ \$ \$ | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | \$ \$ \$ \$ \$ \$ \$ + | N/A N/A N/A N/A N/A | - - - - |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$3 | 3,683.00 | \$ | N/A | <u> </u> |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | 3,683 | 3.00 + \$_ | N/A | A = \$ | 3,683.00 |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify: | depen | , , | | ed in <i>Sched</i> | ule J. . +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | 2. \$Combin | 3,683.00 |
| 13. | Do y | you expect an increase or decrease within the year after you file this form No. Yes. Explain: | ? | | | | monthl | y income |

| Fill | in this informa | tion to identify yo | ur case: | | | | | |
|-------------|----------------------------------|---|-------------------------|---|--|--------------------------|---|---|
| Deb | otor 1 | Linda Kay Go | oss | | | Ch | eck if this is: | |
| Dah | otor O | | | | | | An amended filing | |
| 1 | otor 2 ouse, if filing) | | | | | | 13 expenses as of | ving postpetition chapter the following date: |
| Unit | ted States Bankr | ruptcy Court for the: | | IERN DISTRICT OF GEOR TA DIVISION | RGIA - | | MM / DD / YYYY | |
| 1 | se number 16 | 6-68587 | | | | | | |
| Of | fficial Fo | rm 106J | | | | 1 | | |
| | | J: Your E | | | | | | 12/1: |
| info nur | ormation. If m mber (if know | ore space is nee n). Answer ever | eded, atta y questio | . If two married people ar ich another sheet to this n. | e filing together, be form. On the top of | oth are eq f any addi | ually responsible fo tional pages, write y | or supplying correct your name and case |
| Par 1. | t 1: Descr Is this a joir | ibe Your House nt case? | noid | | | | | |
| | ■ No. Go to | o line 2. es Debtor 2 live i | n a separ | ate household? | | | | |
| | □ N □ Y | | t file Offici | al Form 106J-2, <i>Expense</i> s | for Separate House | ehold of De | btor 2. | |
| 2. | Do you have | e dependents? | ■ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state dependents | | | | | | | □ No □ Yes |
| | | | | | | | | □ No |
| | | | | | | | | □ Yes □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| _ | _ | | | | | | | ☐ Yes |
| 3. | expenses o | penses include f people other the d your depender | nan $_{f \Box}$ | No Yes | | | | |
| | imate your ex | | ur bankr | uptcy filing date unless y | | | | |
| | penses as of a plicable date. | a date after the b | ankruptc | y is filed. If this is a supp | lemental <i>Schedule</i> | J, check | the box at the top o | if the form and fill in the |
| the | | h assistance and | | government assistance in Sluded it on <i>Schedule I: Y</i> | | | Your exp | enses |
| 4. | | or home owners! and any rent for the | | ses for your residence. In | nclude first mortgag | e 4. | \$ | 668.00 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 |
| | | rty, homeowner's | , or renter | 's insurance | | 4a. 4b. | | 0.00 |
| | | | | upkeep expenses | | 4c. | · - | 50.00 |
| | | owner's associati | | | | 4d. | · | 0.00 |
| 5 | Additional r | mortaaaa navma | nte for vo | nur residence, such as ho | me equity loans | 5 | \$ | 0.00 |

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| Debtor 1 | Linda Kay Goss | Case number (if known) | 16-68587 |
|-----------------------------|--|------------------------|---|
| | | | |
| 6. Utilitie 6a. | es: Electricity, heat, natural gas | 6a. \$ | 300.00 |
| | Water, sewer, garbage collection | 6b. \$ | 86.00 |
| | Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | |
| | Other. Specify: Cellular Phone | 6d. \$ | 0.00 120.00 |
| | Alarm | | 52.00 |
| _ | Cable/Internet | — | 120.00 |
| _ | and housekeeping supplies | | 300.00 |
| | care and children's education costs | 8. \$ | 0.00 |
| - | ing, laundry, and dry cleaning | 9. \$ | 80.00 |
| | nal care products and services | 10. \$ | 80.00 |
| | al and dental expenses | 11. \$ | 75.00 |
| | portation. Include gas, maintenance, bus or train fare. | п. ф | 75.00 |
| | t include car payments. | 12. \$ | 300.00 |
| | tainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 0.00 |
| | table contributions and religious donations | 14. \$ | 0.00 |
| . Insura | • | • | |
| Do no | t include insurance deducted from your pay or included in lines 4 or 20. | | |
| | Life insurance | 15a. \$ | 72.00 |
| 15b. | Health insurance | 15b. \$ | 195.00 |
| 15c. | Vehicle insurance | 15c. \$ | 145.00 |
| 15d. | Other insurance. Specify: | 15d. \$ | 0.00 |
| . Taxes Specif | Do not include taxes deducted from your pay or included in lines 4 or 20. | 16. \$ | 0.00 |
| . Instal | Iment or lease payments: | | |
| | Car payments for Vehicle 1 | 17a. \$ | 0.00 |
| 17b. | Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| 17c. | Other. Specify: | 17c. \$ | 0.00 |
| 17d. | Other. Specify: | 17d. \$ | 0.00 |
| . Your | payments of alimony, maintenance, and support that you did not report as | | |
| | cted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ | 0.00 |
| Other | payments you make to support others who do not live with you. | \$ | 0.00 |
| Specif | • | 19. | |
| | real property expenses not included in lines 4 or 5 of this form or on Scheo | | |
| | Mortgages on other property | 20a. \$ | 0.00 |
| | Real estate taxes | 20b. \$ | 0.00 |
| | Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| | Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| . Other | : Specify: Easy Rental | 21+\$ | 230.00 |
| . Calcu | late your monthly expenses | | |
| | dd lines 4 through 21. | \$ | 2,873.00 |
| 22b. C | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ | |
| 22c. A | dd line 22a and 22b. The result is your monthly expenses. | \$ | 2,873.00 |
| . Calcu | late your monthly net income. | | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 3,683.00 |
| | Copy your monthly expenses from line 22c above. | 23b\$ | 2,873.00 |
| | | | _,::::::::::::::::::::::::::::::::::::: |
| | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c. \$ | 810.00 |
| 24. Do yo For exa | The result is your monthly net income. The result is your monthly net income. | u file this form? | |
| ☐ Yes | | | |

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| Fill in this info | rmation to identify your | case: | | | |
|---------------------|---------------------------|-------------------|-----------------------------|------------------------|--|
| Debtor 1 | Linda Kay Goss | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States B | Sankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA - ATLANTA DIVISI | ON | |
| Case number | 16-68587 | | | | |
| (if known) | | | | ☐ Check if the amended | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. t1: Summarize Your Assets | | |
|-----|---|-------------|--------------------------|
| Pal | t 1: Summarize Your Assets | Your a | ssets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 32,500.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 26,060.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 58,560.00 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | abilities It you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 127,272.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 10,000.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 713.00 |
| | Your total liabilities | \$ | 137,985.00 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,683.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,873.00 |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal | , family, or |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Page 28 of 51 Case number (if known) 16-68587 Debtor 1 Linda Kay Goss

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

3,683.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tota | l claim |
|--|------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$_ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 10,000.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 10,000.00 |

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| Fill in this infor | mation to identify your | case: | | | |
|--|--|---|------------------------------|--|--|
| Debtor 1 | Linda Kay Goss | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA - ATLANTA | ADIVISION | |
| Case number | 16-68587 | | | | |
| (if known) | | | | | Check if this is an amended filing |
| If two married p You must file th obtaining mone | eople are filing togethe | r, both are equally respo ile bankruptcy schedules n connection with a banl | | ect information. Making a false state | ment, concealing property, or 0, or imprisonment for up to 20 |
| Sig | ın Below | | | | |
| Did you pa | ay or agree to pay some | one who is NOT an attor | rney to help you fill out ba | ankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | rruptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| | alty of perjury, I declare re true and correct. | that I have read the sum | nmary and schedules filed | l with this declaratio | n and |
| X /s/ I in | da Kay Goss | | X | | |
| | Kay Goss | | Signature of D | Debtor 2 | |
| | ire of Debtor 1 | | · · | | |
| Date | October 20, 2016 | | Date | | |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION

RIGHTS AND RESPONSIBILITIES STATEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

Chapter 13 of the Bankruptcy Code gives each debtor ("Debtor") important rights, such as the right to keep property that could otherwise be lost through repossession, foreclosure or liquidation by a Chapter 7 Trustee. Chapter 13 also places burdens on Debtors, however, such as the burden of making complete and truthful disclosures of their financial situation and prompt payments as required by the Plan. It is important for Debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities to the court, the Chapter 13 Trustee and to creditors. Debtors are entitled to expect certain services to be performed by their attorneys, but Debtors also have responsibilities to their attorneys. To assure that Debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Georgia have approved this statement of rights and responsibilities of Debtors and their attorneys in Chapter 13 cases that include, but are not limited to the following, as each case's facts may require more of both Debtor and Debtor's attorney.

BEFORE THE CASE IS FILED

EACH DEBTOR SHALL:

- 1. Discuss with the attorney the Debtor's objectives in filing the case.
- 2. Timely provide the attorney with full and accurate financial and other information, including, but not limited to:
 - (a) Copies of pay stubs or other evidence of payment received before the date of filing of the petition, as requested by the attorney;
 - (b) Copies of all Federal income tax returns (or transcript of the returns) as requested by the attorney.
- 3. Inform the attorney of any and all prior bankruptcy cases Debtor has filed.
- 4. Provide copies of all bills, notices, statements or communications from creditors, as requested by attorney.

THE ATTORNEY SHALL:

- 1. Personally counsel Debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss with Debtor the procedures in both Chapters, as well as non-bankruptcy options, and answer the Debtor's questions.
- 2. Personally explain to the Debtor the requirement of obtaining a certificate from an approved nonprofit budget and credit counseling agency.
- 3. Personally explain to Debtor that the attorney is being engaged to represent Debtor on all matters arising in the case, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 4. Personally review with Debtor and obtain Debtor's signature on the completed petition, plan, as well as the Statement of Financial Affairs, Income and Expenses, and other statements as well as the various schedules (the "Schedules"), and all amendments thereto, whether filed with the petition or later. The Schedules may be prepared initially with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing by Debtor.
- 5. Timely prepare and file Debtor's petition, plan, Schedules, statement of monthly net income, and any other required pleading.
- 6. Explain to Debtor how, when and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 Trustee, with particular attention to

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housing, vehicle, and domestic support obligation payments.

- 7. Advise Debtor of the need to maintain appropriate insurance especially for house and vehicle.
- 8. Inform Debtor of the need to potentially provide attorney with copies of each Federal income tax return (or transcript of the return) for each tax year ending while the Debtor is in the case.

AFTER THE CASE IS FILED

EACH DEBTOR SHALL:

- 1. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income, a photo identification card, and proof of Social Security number. Acceptable forms of proof of identification are: driver's license; government ID; state picture ID; student ID; U.S. passport; military ID; resident alien card. Acceptable forms of proof of Social Security number are: Social Security Card; medical insurance card; pay stub; W-2 form; IRS form 1099; Social Security Administration Report. Debtor must be present both in time for check-in and when the case is called for the actual examination.
- 2. Make the required payments to Trustee and to such creditors as are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 3. Promptly provide attorney, upon their request, evidence of all payments made directly to creditors and Trustee, including amount and date of payment.
- 4. Notify the attorney immediately of any change in Debtor's address or telephone number.
- 5. Inform the attorney of any wage garnishments, liens or levies on assets that occur or continue after the filing of the case.
- 6. Contact the attorney immediately if Debtor loses employment, is "laid off" or furloughed from work or has any significant change in income; experiences any other significant change in financial situation, including serious illness, personal injury, lottery winnings, or an inheritance.
- 7. Notify the attorney immediately if Debtor is sued or wishes to file a lawsuit, including divorce, matters regarding personal or property injury (including any worker's compensation matters), and any other matter in which Debtor is involved in a lawsuit or legal action outside this court.
- 8. Inform the attorney immediately if any tax refunds to which Debtor is entitled are seized or not received when due from the IRS or Georgia Department of Revenue.
- 9. Contact the attorney before buying, refinancing, or contracting to sell real property, and before entering into any loan agreement.
- 10. Complete an instructional course concerning personal financial management prior to receiving a discharge.

THE ATTORNEY SHALL:

- 1. Advise Debtor of the requirement to attend the meeting of creditors, and notify or remind Debtor of the date, time, and place of the meeting, in such detail as is helpful or necessary to Debtor's appearance.
- 2. Inform Debtor that Debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide competent legal representation for Debtor at the meeting of creditors, appear in time for check-in and the actual examination and, unless excused by Trustee, for the confirmation hearing.
- 4. If an attorney not employed by Debtor's attorney's law firm (a "contract" attorney) will be attending Debtor's 341 meeting or any court hearing, personally explain to Debtor in advance the role and identity of the contract

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attorney, obtain Debtor's written permission for the contract attorney to represent Debtor and provide the contract attorney with the file in sufficient time to review and discuss it with Debtor prior to such representation.

- 5. Make all reasonable efforts for the individual attorney who met with Debtor to attend the § 341 meeting or any other court hearing. However, if that attorney is unavailable then an attorney will be present on behalf of the Debtor with knowledge of the Debtor's case and authority to make any modifications to Debtor's plan deemed necessary.
- 6. Timely submit to Trustee properly documented proof of income for each Debtor, including business reports for self-employed debtors, and all required pay advises and tax returns or transcripts.
- 7. Timely respond to objections to plan confirmation, and where necessary, prepare, file and serve amended Schedules or an amended plan.
- 8. Timely prepare, file, and serve any necessary annual financial statements, amended statements and Schedules, and any change of address, in accordance with information provided by each Debtor.
- 9. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact promptly Trustee or Debtor regarding any discrepancies.
- 10. Promptly respond to Debtor's questions through the term of the plan.
- 11. Timely prepare, file and serve necessary modifications to the plan after confirmation, including modifications to suspend, lower, or increase plan payments.
- 12. Prepare, file and serve necessary motions to buy or sell property and to incur debt.
- 13. On or before 60 days after the general bar date, certify the attorney has reviewed claims with Debtor, prepared, filed and served objections to improper or invalid claims and filed claims within 30 days after the bar date for creditors who fail to file claims when such failure will adversely affect Debtor's case or its successful completion and discharge or such failure will adversely affect Debtor after case completion and discharge.
- 14. Timely confer with Debtor and respond to any motion to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase percentage payment to unsecured creditors.
- 15. Timely confer with Debtor and respond to motions for relief from stay.
- 16. Timely prepare, file, and serve appropriate motions to avoid liens.
- 17. Provide any other legal services necessary for the administration of the case.

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION

| In r | | _ Case No. | 16-68587 | | | | |
|------|---|-------------------|-------------------------------------|--|--|--|--|
| | Debtor(s) | Chapter | 13 | | | | |
| | DISCLOSURE OF COMPENSATION OF ATTORN | EY FOR DE | BTOR(S) | | | | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | | | |
| | For legal services, I have agreed to accept | \$ | 4,750.00 | | | | |
| | Prior to the filing of this statement I have received | \$ | 0.00 | | | | |
| | Balance Due | \$ | 4,750.00 | | | | |
| 2. | \$310.00 of the filing fee has been paid. | | | | | | |
| 3. | The source of the compensation paid to me was: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 4. | The source of compensation to be paid to me is: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 5. | ■ I have not agreed to share the above-disclosed compensation with any other person unle | ess they are memb | pers and associates of my law firm. | | | | |
| | ☐ I have agreed to share the above-disclosed compensation with a person or persons who copy of the agreement, together with a list of the names of the people sharing in the cor | | | | | | |
| 6. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of | the bankruptcy ca | ase, including: | | | | |
| | a. Preparation and filing of any petition, schedules, statement of affairs and plan which ma b. [Other provisions as needed] Exhibit "A" - Base Fee Services | y be required; | | | | | |
| | Helping client obtain Pre-filing credit briefing Pay advices and tax transcripts/returns Initial Intake, etc. Pre-confirmation turn-over proceedings/Stop creditor action Motion to Extend or to Impose Certificate of Exigent Circumstances EDO 341 hearing and reset 341 hearing Confirmation hearing and reset confirmation hearing Modifications necessary to confirm plan Lien avoidances necessary to confirm plan Objections to claim necessary to confirm plan Bar date review (and all resulting/related pleadings) Pre-discharge financial counseling certificate Pre-discharge DSO certification | | | | | | |
| 7. | By agreement with the debtor(s), the above-disclosed fee does not include the following ser Exhibit "B" - Non-Base Fees Services/A La Carte Items: | vice: | | | | | |
| | Post-Confirmation Modification to Add and Treat Creditor \$300.00 | | | | | | |
| | Post-Confirmation Modification - Change in Income/Employment \$300.00 | | | | | | |
| | Post-Bar Date Review Lien Avoidance \$300.00 | | | | | | |

Other Post-Bar Date Review Modifications \$300.00

In re Linda Kay Goss Case No. 16-68587

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

Post-Confirmation MFRS for Non-Payment or No Insurance \$300.00

Post-Confirmation MFRS re: Payment Disputes \$300.00

Motion to Suspend Plan Payments/Excuse Default \$300.00

Motion to Sell Property of the Estate \$300.00

Motion to Approve Compromise \$300.00

Application to Employ Professional \$300.00

Motions to Refinance/Modify/Incur Debt \$300.00

Post-Bar Date Review Trustee Motion to Dismiss \$300.00

Hardship discharge motions \$00.00

Trustee or Creditor Motions to Modify Plan \$300.00

362(k) Stay Violations \$300.00

Objections to Late Claims (Post-Bar Date Review) \$150.00

Motion to Sever/Dismiss as to One Joint Debtor \$300.00

Motion to Reopen Case or Vacate Dismissal \$300.00

Motion to Re-Impose Stay \$300.00

Motion to Retain Funds \$200.00

Motion to Ratify Retention of Funds \$300.00

If Client wishes to retain Attorney to represent Client in any Adversary Proceeding or Appellate Proceeding that arises in or is related to this case, Client and Attorney shall execute a separate contract setting forth the fee and scope of representation for that proceeding.

If the case is dismissed or converted to another chapter, Debtor directs the Trustee to pay agreed upon fees to Debtor's attorney up to A) \$2,000.00 if the case is dismissed or converted prior to confirmation of the plan, or B) the allowed fees upon conversion or dismissal after confirmation of the plan

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| In re | Linda Kay Goss | Case No. | 16-68587 |
|-------|----------------|----------|----------|
| | | | |

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. Pursuant to General Order No. 9, I certify that I provided to the debtor(s) a copy of the "Rights and Responsibilities Statement Between Chapter 13 Debtors and Their Attorneys." I certify that a copy of each of the notices required by 11 U.S.C. Section 342(b), Section 527(a)(2), and Section 527(b) has been provided to, and discussed with, the debtor(s).

October 20, 2016 /s/ Jason B. Lutz GA Bar No.

Date

Jason B. Lutz GA Bar No. 670673

Signature of Attorney

Clark & Washington, L.L.C. 3300 Northeast Expressway

Building 3

Atlanta, GA 30341 770-488-9338 Fax: 770-220-0685

cworders@cw13.com

Name of law firm

Date October 20, 2016 Signature /s/ Linda Kay Goss

Linda Kay Goss

Debtor

United States Bankruptcy Court NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION

| In re | Linda Kay Goss | | Case No. | 16-68587 | | | |
|--------|-------------------------------------|---|---------------------|-----------------------|--|--|--|
| | | Debtor(s) | Chapter | 13 | | | |
| | VERIFICATION OF CREDITOR MATRIX | | | | | | |
| Γhe ab | ove-named Debtor hereby verifies th | at the attached list of creditors is true and | correct to the best | of his/her knowledge. | | | |
| Date: | October 20, 2016 | /s/ Linda Kay Goss | | | | | |
| | | Linda Kay Goss | | | | | |

Signature of Debtor

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

| Fill in this inform | nation to identify your cas | e: |
|---------------------------------|-----------------------------|--|
| Debtor 1 | Linda Kay Goss | |
| Debtor 2 (Spouse, if filing) | | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION |
| Case number (if known) | 16-68587 | |

| Check | as directed in lines 17 and 21: | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| According to the calculations required by this Statement: | | | | | | | | |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | | | |
| • | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | | | |
| | 3. The commitment period is 3 years. | | | | | | | |
| | 4. The commitment period is 5 years. | | | | | | | |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| ì | Part | 1: Calculate Your Average Monthly Income | | | | | | | | |
|---|-----------|---|----------------------------------|-------------------------------|-----------------------|--------------------------|-------------------------------|------------|---|---------------------------------|
| | 1. | What is your marital and filing status? Check one of | only. | | | | | | | |
| | | Not married. Fill out Column A, lines 2-11. | | | | | | | | |
| | | ☐ Married. Fill out both Columns A and B, lines 2-11 | | | | | | | | |
| | 10 the | I in the average monthly income that you received from a 1(10A). For example, if you are filing on September 15, the 6-6 6 months, add the income for all 6 months and divide the tot ouses own the same rental property, put the income from that | month pal by 6. F | eriod would Fill in the re | d be Mar sult. Do | ch 1 throu not includ | gh August 31. e any income | If the ama | ount of your monthly incom nore than once. For examp | ne varied during le, if both |
| | | | | | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing spouse | |
| | 2. | Your gross wages, salary, tips, bonuses, overtime payroll deductions). | e, and c | ommissi | ons (be | efore all | \$ | 0.00 | \$ | |
| | 3. | Alimony and maintenance payments. Do not includ Column B is filled in. | e paym | ents from | a spou | ise if | \$ | 0.00 | \$ | |
| | 4. | All amounts from any source which are regularly popular of you or your dependents, including child support from an unmarried partner, members of your househout and roommates. Include regular contributions from a stilled in. Do not include payments you listed on line 3. | rt. Inclu old, your spouse | de regula r depende | r contrib ents, pa | outions rents, | \$ | 0.00 | \$ | |
| | 5. | Net income from operating a business, profession, or farm | Debto | or 1 | | | | | | |
| | | Gross receipts (before all deductions) | \$ | 0.00 | | | | | | |
| | | Ordinary and necessary operating expenses | -\$ | 0.00 | | | | | | |
| | | Net monthly income from a business, profession, or fa | arm \$ | 0.00 | Сору | here -> 3 | \$ | 0.00 | \$ | |
| | 6. | Net income from rental and other real property | Debto | | | | | | | |
| | | Gross receipts (before all deductions) | \$_ | 0.00 | | | | | | |
| | | Ordinary and necessary operating expenses | - \$ _ | 0.00 | | | | | | |
| 1 | | Net monthly income from rental or other real property | 2 | 0.00 | Copy | here -> \$ | S | 0.00 | \$ | |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Linda Kay Goss 16-68587 Case number (if known) Debtor 1 Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you_____ For your spouse 9. Pension or retirement income. Do not include any amount received that was a 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. **Nanny Job** 3,683.00 0.00 0.00 Total amounts from separate pages, if any. \$ 11. Calculate your total average monthly income. Add lines 2 through 10 for 3.683.00 + \$ 3,683.00 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 3,683.00 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total 0.00 0.00 Copy here=> 3,683.00 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 3,683.00 15a. Copy line 14 here=>____ Multiply line 15a by 12 (the number of months in a year). **x** 12

15b. The result is your current monthly income for the year for this part of the form.

44,196.00

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Debtor 1 Linda Kay Goss Case number (if known) 16-68587

| 16 | c. Calculate the median family income that applies to y | ou. Follow these steps: | | |
|-----|--|--|---------------------------------|-------------------|
| | 16a. Fill in the state in which you live. | GA | | |
| | 16b. Fill in the number of people in your household. | 1 | | |
| | 16c. Fill in the median family income for your state and s | ize of household. | \$ | 41,719.00 |
| | To find a list of applicable median income amounts | | separate | |
| 4- | instructions for this form. This list may also be avail | able at the bankruptcy clerk's office. | | |
| 17 | . How do the lines compare? | | | |
| | 17a. Line 15b is less than or equal to line 16c. O 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N | | | |
| | 17b. Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcu your current monthly income from line 14 al | lation of Your Disposable Income (Off | | |
| Pai | t 3: Calculate Your Commitment Period Under 11 | J.S.C. § 1325(b)(4) | | |
| 18. | Copy your total average monthly income from line 1 | l | \$ | 3,683.00 |
| 19. | Deduct the marital adjustment if it applies. If you are contend that calculating the commitment period under 1 spouse's income, copy the amount from line 13. | I U.S.C. § 1325(b)(4) allows you to dedu | ct part of your | |
| | 19a. If the marital adjustment does not apply, fill in 0 on | ine 19a. | - \$ | 0.00 |
| | | | | |
| | 19b. Subtract line 19a from line 18. | | \$_ | 3,683.00 |
| 20. | Calculate your current monthly income for the year. | Follow these steps: | | |
| | 20a. Copy line 19b | | \$ | 3,683.00 |
| | Multiply by 12 (the number of months in a year). | | | x 12 |
| | | | | |
| | 20b. The result is your current monthly income for the year | ear for this part of the form | \$ | 44,196.00 |
| | | | | |
| | | | | |
| | 20c. Copy the median family income for your state and s | size of household from line 16c | \$ | 41,719.00 |
| | , , | ······ | | |
| | 21. How do the lines compare? | | | |
| | Line 20b is less than line 20c. Unless otherwis period is 3 years. Go to Part 4. | e ordered by the court, on the top of pag | ge 1 of this form, check box 3, | , The commitment |
| | Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4. | ess otherwise ordered by the court, on the | he top of page 1 of this form, | check box 4, The |
| Pai | t 4: Sign Below | | | |
| a | By signing here, under penalty of perjury I declare that the | ne information on this statement and in a | ny attachments is true and co | orrect |
| | by signing note, ander penalty of perjury 1 decide that the | ic mornation on the statement and in a | any attaoniments is true and oc | orreot. |
| 2 | /s/ Linda Kay Goss | | | |
| | Linda Kay Goss Signature of Debtor 1 | | | |
| | Date October 20, 2016 | | | |
| | MM / DD / YYYY | | | |
| | If you checked 17a, do NOT fill out or file Form 122C-2. | | | |
| | If you checked 17b, fill out Form 122C-2 and file it with the | nis form. On line 39 of that form, copy yo | ur current monthly income fro | om line 14 above. |

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| Fill in | this information to id | entify you | r case: | | | | | | | |
|---------|---|--------------------------|--|---|----------------------------|-------------------------------------|----------------|-----------|--------------|----------|
| Debtor | Linda Kay | Goss | | | | | | | | |
| Debtor | ee, if filing) | | | | | | | | | |
| United | States Bankruptcy Cou | urt for the: | NORTHERN D GEORGIA - AT | DISTRICT OF FLANTA DIVISION | <u> </u> | | | | | |
| Case r | number <u>16-68587</u> wn) | | | | | | ☐ Check if | this is a | n amended | d filing |
| | Form 122C-2 pter 13 Calc | ulatio | n of Your | [.] Disposal | ble In | come | | | | 04/10 |
| | out this form, you will itment Period (Official | | | oy of Chapter 13 S | Statemen | t of Your Curre | ent Monthly In | come and | d Calculatio | on of |
| space i | complete and accurate is needed, attach a se nal pages, write your | parate she | eet to this form, | Include the line i | | | | | | |
| Part 1 | Calculate Your D | eductions | s from Your Inco | ome | | | | | | |
| the | Internal Revenue Ser questions in lines 6-1 rmation may also be a | 5. To find | the IRS standar | ds, go online usi | | | | | | |
| exp | luct the expense amour enses if they are higher C-1, and do not deduct | than the s | tandards. Do not | t include any opera | ating expe | nses that you s | ubtracted from | income in | | |
| If yo | our expenses differ from | month to | month, enter the | average expense. | | | | | | |
| Note | e: Line numbers 1-4 are | not used | in this form. Thes | se numbers apply | to informa | tion required by | a similar form | used in c | hapter 7 ca | ses. |
| 5. | The number of peop | le used in | determining yo | ur deductions fro | om incom | е | | | | |
| | Fill in the number of popular the number of people | y additiona | l dependents wh | | | | | 1 | l | |
| Nati | ional Standards | You mi | ust use the IRS N | National Standards | s to answe | r the questions | in lines 6-7. | | | |
| 6. | Food, clothing, and of Standards, fill in the d | | | | | n line 5 and the | IRS National | | \$ | 570.00 |
| 7. | Out-of-pocket health the dollar amount for opeople who are 65 or higher than this IRS a | out-of-pock olderbeca | et health care. T ause older people | he number of peop e have a higher IR | ple is split RS allowan | into two catego ce for health ca | riespeople w | ho are un | der 65 and | |

Official Form 22C-2

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Debtor 1 Linda Kay Goss Case number (if known) 16-68587

| Peo | ple w | vho are under 65 years of age | | | | | | | |
|------------|--------------|--|------|-----------------------------------|------------------------------|--------------------|-------|-------------------|---------------------------------|
| | 7a. | Out-of-pocket health care allowance per person | \$ | 54 | | | | | |
| | 7b. | Number of people who are under 65 | X | 1 | | | | | |
| | 7c. | Subtotal. Multiply line 7a by line 7b. | \$ | 54.00 | | Copy here=> | \$ | 54.00 | |
| Peo | ple w | vho are 65 years of age or older | | | | | | | |
| | 7d. | Out-of-pocket health care allowance per person | \$ | 130 | | | | | |
| | 7e. | Number of people who are 65 or older | Х | 0 | | | | | |
| | 7f. | Subtotal. Multiply line 7d by line 7e. | \$ | 0.00 | | Copy here=> | \$ | 0.00 | |
| | 7g. | Total. Add line 7c and line 7f | | | \$ | 54.00 | | Copy total here=> | \$54.00 |
| Loc | al Sta | andards You must use the IRS Local Standards to | o ar | nswer the questi | ons in line | es 8-15. | | | |
| | | n information from the IRS, the U.S. Trustee Prootcy purposes into two parts: | grar | n has divided t | ne IRS Lo | ocal Standard | for l | housing for | |
| ■ F | lousi | ing and utilities - Insurance and operating expen | ses | ; | | | | | |
| ■ ⊦ | lousi | ing and utilities - Mortgage or rent expenses | | | | | | | |
| | arate Hou | er the questions in lines 8-9, use the U.S. Truste instructions for this form. This chart may also busing and utilities - Insurance and operating expense dollar amount listed for your county for insurance | e a | vailable at the les: Using the nu | ankrupto mber of p | cy clerk's offic | e. | J | pecified in the |
| 9. | Hou | ising and utilities - Mortgage or rent expenses: | | | | | | | |
| | 9a. | Using the number of people you entered in line 5, f listed for your county for mortgage or rent expense | | the dollar amou | ınt | | \$ | 990.00 | |
| | 9b. | Total average monthly payment for all mortgages a | nd | other debts secu | red by yo | our home. | | | |
| | | To calculate the total average monthly payment, accontractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60. | | | | | | | |
| | | Name of the creditor | | Average mo payment | nthly | | | | |
| | | Bayview Financial Loan | | \$6 | 68.00 | | | | |
| | | 9b. Total average monthly paymer | nt | \$ | 68.00 | Copy here=> -\$ | S | 668.00 | Repeat this amount on line 33a. |
| | 9c. | Net mortgage or rent expense. | | | | | | | |
| | | Subtract line 9b (total average monthly payment) fror rent expense). If this number is less than \$0, ent | | | ge | \$ | 32 | Copy here=> | \$322.00 |
| 10. | affe | ou claim that the U.S. Trustee Program's division cts the calculation of your monthly expenses, fil plain why: | l in | any additional | | | inc | orrect and | \$ |
| | - | | | | | | | | |

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Linda Kay Goss 16-68587 Debtor 1 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 231.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. **Describe Vehicle 1:** Vehicle 1 2014 Chevy Captiva Sport 13a. Ownership or leasing costs using IRS Local Standard..... 471.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment **Ally Financial** 349.53 Repeat this Copy amount on line 33b. **Total Average Monthly Payment** 349.53 349.53 Copy net Vehicle 1 13c. Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 121.47 121.47 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment \$ Copy Repeat this here amount on line Total average monthly payment 0.00 Copy net 13f. Net Vehicle 2 ownership or lease expense Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00

not claim more than the IRS Local Standard for Public Transportation.

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 Debtor 1
 Linda Kay Goss
 Case number (if known)
 16-68587

| | | n addition to the expense d the following IRS categories | | s listed above | , you are allowed your monthly expenses | for | |
|----------------|--|--|---|---|---|-------------------|----------|
| 16. | self-employment taxes, soci | al security taxes, and Medic wever, if you expect to rece m the total monthly amount | are taxes | s. You may inc refund, you m | d local taxes, such as income taxes, clude the monthly amount withheld from just divide the expected refund by 12 for taxes. | \$ | 517.00 |
| 17. | Involuntary deductions: The contributions, union dues, as | | uctions th | at your job re | quires, such as retirement | | |
| | Do not include amounts that | are not required by your jol | b, such a | s voluntary 40 | 1(k) contributions or payroll savings. | \$ | 0.00 |
| 18. | filing together, include paym | ents that you make for your life insurance on your depe | spouse's | term life insu | e insurance. If two married people are rance. spouse's life insurance, or for any form | \$ | 72.00 |
| 19. | Court-ordered payments: administrative agency, such Do not include payments on | as spousal or child support | payment | S. | by the order of a court or You will list these obligations in line 35. | \$ | 0.00 |
| 20. | Education: The total month | y amount that you pay for e | ducation | that is either | required: | | |
| | as a condition for your jo | o, or | | | • | | |
| | for your physically or me | ntally challenged dependent | t child if n | o public educ | ation is available for similar services. | \$ | 0.00 |
| 21. | | amount that you pay for cl | hildcare, | such as babys | sitting, daycare, nursery, and preschool. | \$ | 0.00 |
| 22. | | and welfare of you or your | depende | ents and that is | amount that you pay for health care s not reimbursed by insurance or paid al entered in line 7. | | |
| | Payments for health insuran | ce or health savings accour | nts should | d be listed only | y in line 25. | \$ | 0.00 |
| 23. | for you and your dependents phone service, to the extent income, if it is not reimburse Do not include payments for | s, such as pagers, call waitii necessary for your health a d by your employer. | ng, caller ind welfai | identification, e or that of yo | you pay for telecommunication services special long distance, or business cell our dependents or for the production of | | |
| | expenses, such as those rep | orted on line 5 of Official Fo | orm 1220 | | ount you previously deducted. | +\$ | 0.00 |
| 24. | Add all of the expenses al | | | C-1, or any am | | + \$ \$ | 2,376.47 |
| | | owed under the IRS expe | nse allov | c-1, or any am vances. s allowed by the | ount you previously deducted. | | |
| Add | Add all of the expenses al Add lines 6 through 23. itional Expense Deductions Health insurance, disabilit | owed under the IRS expe These are additional d Note: Do not include a y insurance, and health sa | nse allow eductions ny expen | c-1, or any am vances. s allowed by the se allowances ccount expen | ount you previously deducted. | \$ | |
| Add | Add all of the expenses al Add lines 6 through 23. itional Expense Deductions Health insurance, disabilit insurance, disability insuran | owed under the IRS expe These are additional d Note: Do not include a y insurance, and health sa | nse allow eductions ny expen | c-1, or any am vances. s allowed by the se allowances ccount expen | ne Means Test. s listed in lines 6-24. | \$ | |
| Add | Add all of the expenses al Add lines 6 through 23. itional Expense Deductions Health insurance, disabilit insurance, disability insuran your dependents. | owed under the IRS expe These are additional d Note: Do not include a y insurance, and health sa | nse allow eductions ny expen avings ac unts that | vances. s allowed by the se allowances. ccount expenare reasonab | ne Means Test. s listed in lines 6-24. | \$ | |
| Add | Add all of the expenses al Add lines 6 through 23. litional Expense Deductions Health insurance, disabilit insurance, disability insuran your dependents. Health insurance | owed under the IRS expe These are additional d Note: Do not include a y insurance, and health sa- ce, and health savings acco | eductions ny expen avings ac ounts that | vances. s allowed by the se allowances count expenare reasonab | ne Means Test. s listed in lines 6-24. | \$ | |
| Add | Add all of the expenses al Add lines 6 through 23. litional Expense Deductions Health insurance, disabilit insurance, disability insuran your dependents. Health insurance Disability insurance | owed under the IRS expe These are additional d Note: Do not include a y insurance, and health sa- ce, and health savings acco | eductions ny expen avings ac unts that | vances. s allowed by the se allowances. ccount expendare reasonab 195.00 0.00 | ne Means Test. s listed in lines 6-24. | \$ | |
| Add | Add all of the expenses all Add lines 6 through 23. litional Expense Deductions: Health insurance, disability insurance, disability insurancy your dependents. Health insurance Disability insurance Health savings account | owed under the IRS expenses These are additional de Note: Do not include a sy insurance, and health sace, and health savings according to the Note of the IRS expenses are additional description. | eductions ny expensive avings accounts that | vances. s allowed by the se allowances are reasonab 195.00 0.00 | ount you previously deducted. The Means Test. Is listed in lines 6-24. Isses. The monthly expenses for health ly necessary for yourself, your spouse, o | \$ | 2,376.47 |
| Add | Add all of the expenses al Add lines 6 through 23. itional Expense Deductions: Health insurance, disability insurance, disability insurancy our dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to | owed under the IRS expenses These are additional de Note: Do not include a sy insurance, and health sace, and health savings according to the Note of the IRS expenses are additional description. | eductions ny expensive avings accounts that | vances. s allowed by the se allowances are reasonab 195.00 0.00 | ount you previously deducted. The Means Test. Is listed in lines 6-24. Isses. The monthly expenses for health ly necessary for yourself, your spouse, o | \$ | 2,376.47 |
| Add 25. | Add all of the expenses al Add lines 6 through 23. iitional Expense Deductions: Health insurance, disability insurancy dependents. Health insurance Disability insurance Disability insurance Health savings account Total Do you actually spend this to No. How much do you yes Continued contributions to continue to pay for the reason | These are additional d Note: Do not include a y insurance, and health sace, and health sace, and health savings accordant amount? The actually spend? The care of household of the care of household of the care of your immediate family who | eductions ny expen avings ac bunts that \$ \$ framily r and supp no is unab | vances. s allowed by the se allowances are reasonabee 195.00 0.00 195.00 195.00 nembers. The ort of an elder ble to pay for s | ce actual monthly expenses that you will ely, chronically ill, or disabled member of uch expenses. These ways are expenses. The monthly expenses that you will ely, chronically ill, or disabled member of uch expenses. These expenses may | \$ | 2,376.47 |
| 25. | Add all of the expenses al Add lines 6 through 23. itional Expense Deductions Health insurance, disability insurance, disability insurancy dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to No. How much do you yes Continued contributions to continue to pay for the reason your household or member of include contributions to an ail. | These are additional d Note: Do not include a y insurance, and health sace, and health sace, and health savings according to the care of household of the care of household of the care of your immediate family who count of a qualified ABLE priolence. The reasonably not include a same and your immediate family who count of a qualified ABLE priolence. The reasonably not include a same and the sa | eductions ny expensive avings acounts that \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | vances. s allowed by the se allowances are reasonabed. 195.00 0.00 195.00 195.00 nembers. The ort of an elder let to pay for separate to pay | ce actual monthly expenses that you will ely, chronically ill, or disabled member of uch expenses. These ways are expenses. The monthly expenses that you will ely, chronically ill, or disabled member of uch expenses. These expenses may | \$s | 2,376.47 |

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| | Linda Kay Goss | | ase number (<i>if known</i>) | 16-6858 | " | |
|------|--|---|--------------------------------|---|----------|-------------------|
| | Additional home energy costs. Your homine 8. | ne energy costs are included in your insuran- | ce and operating | expenses or | n | |
| | If you believe that you have home energy on the fill in the excess amount of home energy of the fill in the excess amount of the excess amount of the excess | costs that are more than the home energy conergy costs | sts included in ex | penses on I | ine | |
| | You must give your case trustee document amount claimed is reasonable and necess | ation of your actual expenses, and you musary. | show that the ad | ditional | \$_ | 0.0 |
| | | dren who are younger than 18. The month ependent children who are younger than 18 years. | | | r | |
| | You must give your case trustee document claimed is reasonable and necessary and it | ration of your actual expenses, and you musinot already accounted for in lines 6-23. | explain why the | amount | | |
| | * Subject to adjustment on 4/01/19, and ev | ery 3 years after that for cases begun on or | after the date of a | djustment. | \$_ | 0.0 |
| | | the monthly amount by which your actual foc g allowances in the IRS National Standards. es in the IRS National Standards. | | | | |
| | | tional allowance, go online using the link spe so be available at the bankruptcy clerk's office | | rate | | |
| | You must show that the additional amount | claimed is reasonable and necessary. | | | \$_ | 0.0 |
| | Continuing charitable contributions. The instruments to a religious or charitable organizations. | e amount that you will continue to contribute anization. 11 U.S.C. § 548(d)(3) and (4). | in the form of cas | h or financia | al | |
| | Do not include any amount more than 15% | of your gross monthly income. | | | \$_ | 0.0 |
| | Add all of the additional expense deduc Add lines 25 through 31. | tions. | | | \$ | 195.00 |
| Dedu | ctions for Debt Payment | | | | | |
| | or debts that are secured by an interest pans, and other secured debt, fill in lines | in property that you own, including home 33a through 33e. | e mortgages, vel | nicle | | |
| | o calculate the total average monthly paym reditor in the 60 months after you file for ba | nent, add all amounts that are contractually contructually contructually contructs. Then divide by 60. | ue to each secure | ed | | |
| | Mortgages on your home | | | | Avera | ge monthly ent |
| 33a. | Copy line 9b here | | | => | \$ | 668.00 |
| | Loans on your first two vehicles | | | | | |
| 33b. | Copy line 13b here | | | => | \$ | |
| 33c. | 0 " 10 1 | | | | | 349.53 |
| | | | | => | \$ | 349.53 0.00 |
| | | | | | \$ | |
| 33d. | List other secured debts: e of each creditor for other secured debt | | Doe incl | | \$ | |
| 33d. | List other secured debts: | | Doe incl or i | es payment ude taxes nsurance? | \$ | |
| 33d. | List other secured debts: e of each creditor for other secured debt | | Doe incl or ir | es payment ude taxes nsurance? | | |
| 33d. | List other secured debts: | | Doe incl or i | es payment ude taxes nsurance? | \$ \$ | |
| 33d. | List other secured debts: e of each creditor for other secured debt | | Doe incl or ir | es payment ude taxes nsurance? | | |
| 33d. | List other secured debts: e of each creditor for other secured debt | | Doe incl or ir | es payment ude taxes nsurance? No Yes | | |
| 33d. | List other secured debts: e of each creditor for other secured debt | | Doe incl | es payment ude taxes nsurance? No Yes No | \$ | |
| 33d. | List other secured debts: e of each creditor for other secured debt | | Doe incl or in | es payment ude taxes nsurance? No Yes No Yes No | \$ \$ | |
| 33d. | List other secured debts: e of each creditor for other secured debt | | Doe incl | es payment ude taxes nsurance? No Yes No | \$ | |

| ebtor 1 | Lind | la Kay Goss | | | Cas | e number (if known) | 16-6858 | 37 | |
|-----------------|---------------------------------|---|---|--|--------------------------|--|---------------|-----------------------|----------|
| | | debts that you listed in li property necessary for y | | | | ٠, | | | |
| | l No. | Go to line 35. | | | | | | | |
| | l Yes. | State any amount that yo listed in line 33, to keep p. Next, divide by 60 and fill | ossession of your propert | | | | | | |
| Name | e of the | creditor | Identify property that s | ecures the deb | t | Total cure amount | t | Monthly | cure |
| -NO | NE- | | | | \$ | | ÷ 60 = | | |
| | | | | | Total | \$0. | oo tot | ppy cal re=> \$ | 0.00 |
| | | owe any priority claims - due as of the filing date | | | | nat | | | |
| | l No. | Go to line 36. | | | | | | | |
| | Yes. | Fill in the total amount of ongoing priority claims, s | all of these priority claims uch as those you listed in | | le current or | | | | |
| | | Total amount of all past- | due priority claims | | | \$10,000 | .00 ÷ | 60 \$ _ | 166.66 |
| 36. Pr | ojecte | d monthly Chapter 13 pla | ın payment | | | \$ | | | |
| Of the To | ffice of e Exec ofind a l | nultiplier for your district as the United States Courts (i utive Office for United Stat ist of district multipliers that ind nstructions for this form. This I | for districts in Alabama an es Trustees (for all other of Fludes your district, go online | d North Caroli districts). using the link sp | na) or by ecified in the | х | | | |
| A۱ | /erage | monthly administrative exp | pense | | | \$ | Copy here= | | |
| | | of the deductions for de es 33e through 36. | bt payment. | | | | | \$ | 1,184.19 |
| Total | Deduc | tions from Income | | | | | | | |
| 38. A | dd all d | of the allowed deductions | 5. | | | | | | |
| ϵ | expens | ne 24, All of the expenses a e allowances | | | 2,376.47 | , _ | | | |
| C | Copy lir | ne 32, All of the additional | expense deductions | \$ | 195.00 | <u>) </u> | | | |
| C | Copy lir | ne 37, All of the deductions | for debt payment | +\$ | 1,184.19 | <u> </u> | | | |
| Т | Γotal de | eductions | | \$ | 3,755.66 | Copy total her | e=> | \$ | 3,755.66 |

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| Debtor 1 Linda Kay Goss Case number (if know | wn) 16-68587 |
|--|-----------------------------|
| Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) | |
| 39. Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period. | \$ 3,683.00 |
| 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. | 0.00 |
| 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). | 0.00 |
| 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here=> \$ | 3,755.66 |
| 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. | |
| Describe the special circumstances Amount of expense | |
| \$ | |
| | |
| \$ | |
| Total \$ Copy here=> \$ | 0.00 |
| 44. Total adjustments. Add lines 40 through 43. => \$\ 3,75 | Copy here=> -\$ 3,755.66 |
| 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. Part 3: Change in Income or Expenses | \$ |
| 46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this for have changed or are virtually certain to change after the date you filed your bankruptcy petition and durtime your case will be open, fill in the information below. For example, if the wages reported increased you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why wages increased, fill in when the increase occurred, and fill in the amount of the increase. | ring the after |
| Form Line Reason for change Date of change Increase decrease | |
| □ 122C-1 □ Incre □ 122C-2 □ Decr □ 122C-1 □ Incre □ 122C-2 □ Decr □ 122C-1 □ Incre | rease \$ease cease \$ |
| □ 122C-2 □ □ Decr □ 122C-1 □ Incre □ 122C-2 □ □ Decr | rease \$ |

 Debtor 1
 Linda Kay Goss
 Case number (if known)
 16-68587

| Part 4: | Sign Below |
|---------|---|
| | By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct. Is/ Linda Kay Goss Linda Kay Goss Signature of Debtor 1 |
| Date | October 20, 2016 MM / DD / YYYYY |